

CLAIMS ONLY							Application Number 09829187		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend					
1	✓		X	X			51				
2		✓	X	X			52				
3		✓	✓				53				
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47							97				
48							98				
49							99				
50							100				
Total Indep	1		2				Total Indep				
Total Depend	3	←	2	←	2	←	Total Depend	←	2	←	2
Total Claims	4		2	A			Total Claims				